

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) City of Columbus
 was received by me on (date) 9/22/2023.

☐ I personally served the summons on the individual at (place) _____
 on (date) _____; or

☐ I left the summons at the individual's residence or usual place of abode with (name) _____
 _____, a person of suitable age and discretion who resides there,
 on (date) _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on (name of individual) _____, who is
 designated by law to accept service of process on behalf of (name of organization) _____
 on (date) _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other (specify): The Summons and Complaint were served on the above-named Defendant
 via certified mail 7012 3460 0003 3453 9484 on 10/4/2023

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ 0.00.

I declare under penalty of perjury that this information is true.

Date: 10-17-2023

Jodi L. Keener
 Server's signature

Jodi L. Keener, Case Administrator
 Printed name and title

United States District Court, Southern District of Ohio
 85 Marconi Blvd., Columbus, Ohio 43215

Server's address

Additional information regarding attempted service, etc:

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

City of Columbus
77 North Front Street
1st Floor
Columbus, Ohio 43215



9590 9402 5356 9189 1515 64

2. Article Number (Transfer from service label)

7012 3460 0003 3453 9484

COMPLETE THIS SECTION ON DELIVERY**A. Signature****X**

☒ Agent☐ Addressee**B. Received by (Printed Name)**

Katie H. Korman

C. Date of Delivery

10/4/23

D. Is delivery address different from item 1?☐ Yes

If YES, enter delivery address below:

☐ No

OCT 06 2023

3. Service Type

- ☐ Adult Signature
- ☐ Adult Signature Restricted Delivery
- ☐ Certified Mail®
- ☐ Certified Mail Restricted Delivery
- ☐ Collect on Delivery
- ☐ Collect on Delivery Restricted Delivery
- ☐ Insured Mail
- ☐ Insured Mail Restricted Delivery (over \$500)

43216

- ☐ Priority Mail Express®
- ☐ Registered Mail™
- ☐ Registered Mail Restricted Delivery
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation™
- ☐ Signature Confirmation Restricted Delivery

ALM

USPS TRACKING #



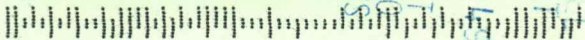
First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

9590 9402 5356 9189 1515 64

**United States
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

Clerk, United States District Court
Southern District of Ohio
Joseph P. Kinneary U.S. Courthouse
Room 121
85 Marconi Boulevard
Columbus, Ohio 43215



FILED
CLERK OF COURT
SOUTHERN DIST. OF OHIO
COLUMBUS
OCT 17 AM 11:43